



May-17-2007 14:25 From-RatnerPrestia P.C.

610-407-0701

T-140 P.004/005 F-080

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23122 7590 03/15/2007

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Melanie J. Clemons		(Depositor's name)
		(Signature)
May 17, 2007		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,362	03/30/2004	Christian Mueller	ITC-335US	4981

TITLE OF INVENTION: TEST HEAD POSITIONING SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	06/15/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS		18.00	
PATEL, PARESH H		2829	324-158100		\$1,018.00	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 RatnerPrestia

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Authorized Signature

Typed or printed name Lawrence E. Ashery

Date May 17, 2007

Registration No. 34,515

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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: May 17, 2007 TIME: _____

TO:	USPTO	FAX NO.:	571-273-2885
FROM:	Lawrence E. Ashery	ADMIN. ASST.:	Melanie J. Clemons
APPLN. NO.:	10/813,362	ATTY. DOCKET NO.:	ITC-335US
TITLE OF APPLN.: TEST HEAD POSITIONING SYSTEM AND METHOD			
FILING DATE:	March 30, 2004	ART UNIT:	2829
FIRST INVENTOR:	Christian MUELLER	CONF. NO.:	4981
TITLE OF DOCUMENT (and List of Attachments): Transmittal Form, Issue Fee Transmittal (2) & PTO-2038			

Total Number of Pages: 5 (including this form)

COMMENTS

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PTO/SB/21 (04-04) (AW 06/2004)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/813,362
Filing Date	March 30, 2004
First Named Inventor	Christian MUELLER
Art Unit	2829
Examiner Name	Parekh H. Patel
Attorney Docket No.	ITC-335US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Fee Transmittal PTOL-85 (2) PTO-2038
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Lawrence E. Ashery	Registration No. (Attorney/Agent)	34,515
Signature			
Date	May 17, 2007		

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